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ABSTRACT

Presented is an informal speech addressed to parents of exceptional children. Discussed is the fact that terminology for slow learners and learning disabilities has changed through the past 20 years and that many labels may be more harmful to the child than the actual disability. In an attempt to be reassuring, it is stated that in many cases speech, motor, and cognitive difficulties clear up in the development process if merely left to work themselves out at the child's own pace. Several individual cases are described. (JM)

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TO BE OR NOT TO BE AN ANXIOUS MOTHER[1]

Joseph M. Wepman, University of Chicago

Our subject this morning relates to child development as distinct from pathology either organic or psychogenic. Your interest as parents, teachers, educators and therapists is evidence by your being here.

My experience over the years with exceptional children has led to previous discussions with your nursery school teachers not alone on the general problems of exceptionality but upon the specific problems that some children demonstrate. In such lectures and discussions as well as from past clinical experience one tends to become overwhelmed with the notion that most children are exceptional in one way or another. But, nothing could be farther from the truth--most children are unexceptional. Most children in fact make up the norm. It is easy to see why children of outspoken exceptionality like the emotionally disturbed child create a degree of anxiety in their parents. This is reasonable and acceptable. In fact, when parents fail to show anxiety about such children we become more disturbed. If we did not see that anxiety we would think there was something wrong with the parents. On the other hand, the parent is entitled, and so is the school to be anxious about a child who doesn't meet their notion of emotional stability of speech, development of language, or cognitive development. On the other hand,

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[1] A speech given before the North Shore Mental Health Association and Irene Josselyn Clinic on October 29, 1969.

they should, in all seriousness, reconsider why certain children are placed in such a category as the exceptional children when they fit for the most part into the distribution, rather than outside it. Let us look at how the general concept of abnormality has grown and, as a result of a myth developing, new categories of exceptionality have been established. With new areas creating new labels, we have tended to push children into new categories simply because they (the categories) existed, rather than recognizing that the child's needs frequently were not being met. Let me illustrate this trend in the areas of speech development, development of language and the development of cognitive behavior.

Had you been concerned about a child fifteen years ago who was not doing well, the most likely category that we would have utilized for his exceptionality would have been mental retardation. However, if your child came along two years later, it is most likely that the schools and you would have thought that there was something wrong with his emotional stability. We then had occasion to have a President with a father who had Aphasia, and so we saw aphasic children popping up and it became a common category to place exceptional children in. Children who didn't learn were Aphasic. About eight or nine years ago we made up a new category called "perceptual handicap," and being partly responsible for making up the term, I think I should now dispose of it. There probable isn't any such thing as a true impairment of a

perceptual mechanism, except in very rare instances. While there are differences in perceptual development, a normal child with a delay along one pathway or another so severe he would, in the current context, be said to be handicapped only because the environment has not provided him with the resources necessary to train him properly; rather than he being handicapped, the society is handicapped.

The perceptually handicapped will stay with us for a while, because almost as soon as we nominated such a category of exceptionality, our legislature "in all of its wisdon" passed a law stating that, if a child were perceptually handicapped, type undetermined and undiagnosed, the school system had to provide special training for him. And, anxious mothers were demanding that it be done. The schools, by and large, don't have teachers trained for teaching the perceptually handicapped. It means that they could, in a certain very few instances, provide special tutoring through a state program. We now find any number of children who were previously labeled mentally retarded, emotionally disturbed, aphasic, or minimally brain impaired (which means no brain impairment but it looks like it); these children became the present day perceptually handicapped, who will, if the state law isn't changed remain perceptually handicapped because the schools can get a fair amount of extra money for providing special education for them.

Let me talk about one other aspect of this tendency for the creation of things to grow to such a degree that we continue the activity even though the activity that created it is gone. We know an endless number of children who have what is said to be delayed development of good articulation. This type of problem is a frequent source of anxiety for parents and for school systems. With a kind of built in expectancy that every normal child speaks accurately at school age the fact that some do not is looked upon as being an indication of exceptionality--ipso facto--a cause for anxiety. Let us explore this in some depth. A number of studies have shown that children at five years of age (when entering kindergarten) are prone to particular types of speech articulatory errors--in fact, a recent study of our showed that 32 of 177 children studied at six years of age or 18% still had sufficient misarticulation to be considered proper candidates for speech therapy. This was a population screened for overt physical and sensory problems as well as for intellectual and emotional problems. In the research design one half of the children received speech therapy, the other did not. By the completion of the third grade no difference between the groups could be established. Those without formal training overcame their misarticulations to the same degree as the group with speech therapy. In both groups only three children remained with articulatory inaccuracies. (Morency, Wepman and Hass, 1969.)

This type of finding--the developmental speech inaccuracies which are common in children entering schools and which disappear as the child develops the competencies necessary to handle all of the sounds--is gaining wider professional recognition. No pathology or retardations need to be predicated--merely a tendency toward slower development of auditory and motoric perceptual ability which in fact does eventuate in early years of school. As a source of anxiety by either the parent or the school this is an inaccurate one. No relationship between these slower developing perceptual functions and intelligence or lasting achievement in school has been demonstrated. One might say--if you are anxious about a child's speech find out whether his problem is pathological or developmental. If the former seek professional guidance, but if the latter leave him alone--he'll grow older and as he does will be able to help himself.

It is not difficult for a speech therapist to fill her roles with such children who, if they are left alone will get better without help. We do have speech therapists, however, and we do have to keep them busy, so we have them see all the children in the kindergarten or first grade that have an articulatory problem or that misarticulate some sounds. The outcome of their work is satisfactory because in the first grade we have less children with articulatory problems, and in the second grade still fewer, and by the time we reach the third grade we find practically no

articulatory problems. So, the speech therapists serve well. I am not being facetious about their serving a good purpose; they are doing something about a situation the parents and the school believe needs to be corrected.

Don't forget that at the other end of the continuum, in a speech clinic, we tend to see the aggravated speech cases, the pathologically based or severely delayed children. These children do need assistance. However, the research shows that most of these same children if not given speech therapy would do equally well by the age of nine.

I think the schools are to blame for a number of things in regard to developmental processes. We act in our school systems as though it were some kind of edict from above that every child when he reaches the age of six must know how to read. We act as if the average ability of children being able to read at six years should apply to all children. If a child enters the first grade not quite ready to read and remains so through the first year of his school experience he rather suddenly becomes an underachiever. He hasn't read by the end of this first school year as well as he should; he probably by this time is suffering from withdrawl and negative school behavior. If we have a school psychologist we send him for study to find out: (1) is he bright enough to read, and (2) is he emotionally stable enough to read. Again all that he may be suffering from is

the fact that he is on the lower end of the continuum, that is, he is below the mean rather than above it. The mean or average, has come to mean to us in this averaging world that we live in, (where averages are established for literally everything: hair color and length of skirts, and now, of course, length of coats) has come to mean normal, and this is unfortunate for the child. If he is below average he is below normal. We tend not only to act as though he were below normal, but the mother's anxiety about pushing him up at least to the mean, and the constant struggle to keep him there, makes me believe that we should alter the normal curve so that the bottom end of the curve indeed represents the mean and all children fall somewhere above it. This would make for a relatively strange curve, but it would include a greater number of children under the concept of normalcy.

Normal behavior, basically, is the child's capacity to adapt, and his ability to make use of, at his own level, the things that are pushed in front of him. It's been a long time since we've had a child in the clinic that when I have asked the question, what do you like best in school, hasn't answered, if he were male, recess. This should tell us something--but it almost never does. We laugh at him. We say, what you should like are these nitty-gritty things the teacher says are important for you; you shouldn't like recess or lunch (which is the second favorite). You should enjoy the learning process as it goes on. And, if he could talk back to you

in your language he would say, well, I would enjoy it if you'd let me. School and learning should be fun--but we rarely make it so, we're so preoccupied with achievement.

What are some of the normalcies that we can look at in children? Let us take a very simple example, the development of language and the development of speech, which are two separate things, of course. One of the simple things to look at in terms of whether you should be anxious or concerned about your child's speech would be, at what age did he begin to talk and, how clearly did he talk when he started, finally, how long did it take him to clear up the articulation in his speech attempts. Most of us are great verbalizers and readers, and Gesell and Spock have been around for a long time. In baby books it says there should be a word developed by one year. We look at the kinds of words that children do develop first, and we realize that this is the end product of a whole series of events that have preceded it; that the child began unable to control his musculature, and that all of his actions were relatively random, excepting his reflex behavior. He passed on from that stage into a stage where he could hear and he could interpret, generally, what you said, but he could not, himself, organize his own outgoing speech attempts; and, when he first attempted to interrelate verbally he did so with what, to us sounded like jargon. Only after he had developed sufficient ability to discriminate and contrast sounds, one against the other, was he able to begin to formulate

words that would sound to the listener as meaningful words within that person's language code. If his mother has within her vocabulary the word, "mamma," and of course, every mother has, every time the child got to the point where he could open and close his mouth and blow air through it, he had said his first word. This movement with the accompanying air stream is really all you need to do to say the word "mamma." This sound combination probably is acquired at about twelve months, but it is a sound combination and usually has no meaning. To the child the book says that we should have one word at 12 months but it doesn't say what that would should be. I have seen children whose first words were not "mamma." They were "no" or "pow-wow" or even "Daddy." We often wonder what children who start with "no" are negating in the behavior around them. We have observed in the clinic that speechless children can go as long as their third birthday and develop perfectly normal speech without any reason to suspect there has been a delay. A child having all other things equal might begin to speak anywhere between eight months and three years, and still be well within normal limits. We would have to consider whether or not the child were deaf and if that were the reason he didn't talk. If we were very wise about it, we might want to see that the child was not autistic (autism is a relatively easy thing to determine, at least in children under three). But we can, after ruling out very complex things like brain damage or deafness, decide

whether the child can adapt or can't adapt, whether he has good or bad motoric development; i. e. can he run, can he stand, can he move, at what age can he ride a tricycle, and so forth. We can also study the degree of his auditory development, because audition is not a thing that suddenly begins and is the same all through a person's life. What does this differential developmental pattern mean to the school, to parents and to the child? Most noteworthy is the one factor that lies behind slowness in learning to articulate well, as well as learning to read for many children.

Most directly it may mean that the child in question may have one or another of his major input pathways or simple muscular action patterns less well developed than his other pathways. To the schools this should mean a study of the individual child who is not doing well by the methods prescribed by the educational system. For example, what happens if the child happens to be in a school system that teaches phonics as a necessary part of first learning? If a child is slower in developing his audition but it is still within normal limits, slower at developing such things as auditory contrasts or auditory memory, or shows some difficulty in auditory sequencing. His problem in learning may be occasioned by the methods used to teach him. You can tell this often by his general behavior, you don't need to test him. If he is the type of child that, when you talk to him, looks out the window it may not

be because he is hostile toward you. It may well be because he doesn't prefer the auditory pathway and would rather work on a puzzle than he would listen. Listening has just not been valuable or rewarding to him. Roughly 15% of all children are so auditory minded that they can literally learn to speak in the earliest days of their lives, after the eighth or ninth month, when the neurological system related to hearing has developed. If they are very good at listening they continue with very good articulation because they have good auditory discrimination and sequencing ability.

The 15% who are very good aurally are mirrored by another similar percentage who are as poor in applying perceptual auditory processes as the former were good at it. Granting that they are normal in intelligence these children will probably be somewhat later in developing accurate speech, but will probably be able to learn to read (at least if taught visually) with relative ease. Both are normal groups--one slower in visual learning, one slower in auditory learning. They offer no cause for anxiety--the perceptual functions to obtain a balance for most children by the time they are nine. However, of most importance is the relatively unrealized concept that children develop their best learning proclivities along their own unique pathway--thus, some are audile some visile and some tactile--and these pathways are not probably individually selected but the product of innate, genetic factors. The child with

strong audile learnings will tend to develop auditory processes early and well, the visile child will show a strong tendency for visual processes et cetera. Again, the excessive development along one pathway is no certain indicator that the other pathways are poor--or less well suited for learning. In one way of looking at it the child who is said to be very bright may indeed be one who can use every sensory avenue equally.

We have many examples of this. A child with poor speech who goes through the first eight years of life, and does indeed eventually develop his auditory ability, as children do, even though they lag very far behind in the first years. When that slower developing ability comes up to the norm as it does in most children, then you can expect the child to continue to learn visually rather than by other means. All the anxiety poured into his inability to articulate and his slow beginning to learn to read phonically was wasted effort, on the one hand, and a dangerous effort on the other. Wasted because the child didn't need your concern; dangerous because the concern expressed tends to produce concern within the child. It may establish levels of expectation that he can't live up to. He develops, or may develop very easily, a series of secondary emotional problems. He may become frustrated because he is unable to be the kind of thing you expect him to be. In our clinical approach to children we operate on a relatively simple

basis, that children would like to be what their parents want them to be, and they try hard to be that. If their behavior seems a little awkward and, at times, a little obstreperous and, at times, obtuse it might well be because they don't quite understand what it is you want of them. You are looking at things that to them are extremely normal, extremely adequate, extremely adaptive and you don't recognize that adaptation. So to some degree it requires understanding the developmental process, or the kinds of things that do develop, and I think that primary in the small child is the development of language, the ability to communicate in the verbal code of the environment. This usually follows a very straightforward process.

Sometime within the first three years of life, language begins with single words, usually naming words as the child identifies the verbal substitutes of spoken language. This is followed by the two word sentences consisting of a noun and a verb in its simplest form, progressing through regular syntactic development so that by the time the average child is four and a half he is using all of the rules that he later will have as an adult. According to present studies, a child of four and a half has developed all of the syntactic transformational linguistic rules, so a whole new process has come into being; a child now has the capacity for expression. At what point should anxiety enter on the behalf of the school system if a child does not have all of the syntax,

all of the grammar that he might have or the range of ability in language that other children have. A rule of thumb might be that the deviation around the mean is probable at the level of about a year and a half. So that it might not be until he is six that he has all of the rules. When should the school start to become concerned? Not at the time the child enters school, but only after the child progresses, after he reaches a formal degree of adaptation within the school.

I would say that we often create emotional disturbances in slower learning children. They are a product of our society. I am not going to say that a good bit of emotional disturbance isn't good for a child, it puts him on edge; he has to live up to certain expectations. But I am saying that it is a shame that we have to create it for him, special categories to account for the society's tendency to categorize and classify such deviations as abnormal. After all, what good child can go through his life in our complex society without a little psychotherapy? And it is a shame if he doesn't get a chance to get it early. I happen to be a specialist in the art of not considering problems. I think this came about fifteen or eighteen years ago when I got tired of seeing the problems that, in a short time, turned out not to be the problems of the child, but the problems foisted upon the child, the problems of the society, and the school, and the parents. I am not one that believes that all you have to do is turn over a child and you will find a parental problem. Or, turn

him back the other way and you will find a school problem. More specifically, it isn't always the mother's fault--just usually. Or the teacher's--just commonly so. Yet in fairness to the rest of society, the mother and her surrogate, the teacher, is the immediate model for a child's behavior. Whatever good habits the child has, you can take credit for, but if you are going to take credit for them, the bad habits you will have to take credit for as well.

You can't make a child talk. You can't bribe him; you can't seduce him; you can't threaten him; you can't force him. Children don't talk because you want them to talk. Children talk because they have something to communicate. It is an internalized thing, a reaching out to the world. Let the child reach out. Don't try to superimpose your wanting him to talk upon him because it can't possibly meet, except by chance, his own needs. There are probably less than one tenth of one per cent of all the people in at least our affluent verbalized society that don't talk; so you can relax, in a sense. I think probably the best example of leaving a child alone is very much like the story--that a child, if permitted, could be a pretty nice kid. The ones we tend to see in clinics are the ones that aren't permitted. Permissiveness is a word. We have asked parents, what degree of pressure do you believe you bring upon your child through your concern for him, your level of expectation, the school's level of expectation--what kind of pressure

do you see that producing in the child. And they say, well, we're pressureless at our house, or, our school provides a total freedom. And we ask such people to look around and see how the child might interpret the environment, not how the parents or the school interpret it. For instance, there are very few schools that in their permissiveness permit children to break windows. So to some degree you do have to hold up certain training. (The breaking of windows should come later when they are able to demonstrate a little more. But it shouldn't start at the beginning, and so we constrict their behavior.) It is not totally free; it's not license, it's freedom, we say. We asked one mother how she constricted her child's behavior, and she said, "We don't do it at all. Of course I couldn't let him out to play by himself in our neighborhood and so we built a high fence around the backyard." And we wondered, how does the child interpret what is done for him. Did he see that as being for his good?

We had a child in the clinic that I think we can talk about here, because while he started school at the University of Chicago, he moved out here for high school and then moved away as fast as he could to college. This was a very bright boy. He adapted very well. But he had real difficulty with his beginning speech, and there was little that we could do about it to help him. He eventually had cleared up his articulatory problems, but it was very evident to us that this boy was not ever

going to be an auditory learner. Verbal behavior was not going to be his strong point. He had the misfortune to enter high school at the time when they were offering lecture courses, and only after three or four months did they turn to the supportive work of texts. He started at the very bottom of his class and stayed there for three or four months. At the end of the three or four months when books were introduced in greater number, and he could obtain his information through books, he went to the top of the class. The school sighed with relief that his emotional problem was over, and he could then start the second year on equal basis with other children. But the second year he started out again at the bottom part of the class, and stayed there for three or four months. Again the school had followed the pattern of the lecture programs leading up to reading. So he was referred to the school psychologist. The school psychologist said that the boy was emotionally disturbed, and that every summer something must have happened to him to make him learn so poorly in the fall. The mother didn't believe this, despite the psychological analysis which was explained to her in great detail, and asked that we review his problem at our clinic. We did, and decided that this was, we thought, a very bright boy who had literally no ability to retain things by ear. We were able to convince the school that this was true and they permitted him to stay in school and read for classroom work. In his third and fourth years he stayed at the top of

his class. He graduated and went on to a university. In the university he went through rather well because he was able to pick or choose the kind of education he was going to have, until it came time to announce the list for graduation. He was called in and told he couldn't graduate. He asked why, and they said, "well, one of our requirements is conversational French." He couldn't speak conversational English, and learning conversational French was almost impossible. It took a series of letters and discussions with the board of regents of that school to convince them that there were children who just couldn't learn by ear and that there was nothing emotional about it; that is, there was nothing excepting this secondary emotional factor, a fear of school, that did develop. And they finally did let him graduate. He is now a professor at a nearby university. He does something very interesting. As one would expect, he has turned for his expression to the teaching of things like literature. He has a tremendous need to express himself. And he expresses himself, but well in not very surprising ways. He has written a book of poetry which has been published. The poetry has two features about it: (1) it would have to fit his style, it doesn't rhyme, of course, because he couldn't hear one rhyme from another, and (2) it also has a tremendous visual form or style about it, so that he changes things on the page to fit a visual verbal schema. I thought it might be interesting for you to hear one or two things that he said about his life in an

autobigraphical piece of poetry he wrote, "He would be a good teacher," he said, "he doubts his ability to paint as well as he would like" (but he has had two one man shows). "He wants to come home to his own place and get up in the middle of the night and putter about doing something, and not on his damn footnotes. To speak of his physical body, it's hairy, of a fair constitution. Lots of times he wouldn't go swimming because of people seeing his hairy chest. But communication is important to him, feeling that it ties people together. Something happens when one guy lays down his soul and says, 'like it, man, this is it.'"

Now,all his life this boy has wanted to communicate verbally with people. He can do it in a very advanced way with people of the now generation which has its own means of communication; it isn't necessarily ours. He has a modern tongue. The modern tongue doesn't require that he articulate well or that he hear well. It only says this is me.

This, I think, is the major lesson to learn about the developing child. Let it be him. The superimposition upon child development of expectations can only result in the anxiety formulations that come from their being artificial; provided in a way which the child frequently finds he can't live with, and that doesn't permit him to be himself in the process.

These are no great words of wisdom. I think things do develop. I think they develop in a very organized, relatively rigorous, orderly way, because I think the human system, the individual organism is, in itself, a tremendous example of organization. I believe what we generally mean by intelligence is the ability to adapt, and to adapt at different levels of complexity as the capacity of the child develops. We shouldn't ask the child to walk before he crawls, we shouldn't expect all children to learn to read at six. We shouldn't expect all children to do anything at the same time or in the same way.